



STATE OF NEVADA
DEPARTMENT OF BUSINESS AND INDUSTRY
MANUFACTURED HOUSING DIVISION
1535 Old Hot Springs Rd., Suite 60
Carson City, NV 89706
(775) 687-2060 • Fax (775) 687-5521

INFORMATION - SALE WITHOUT TRANSFER OF OWNERSHIP CERTIFICATE

MUST check and complete one of the following:

_____ Contract of Sale Date: _____
_____ Other Agreement _____ Date: _____

Serial # _____ Year: _____

Manufacturer _____ Size: _____

DIVISION RECORD PRIOR TO THIS TRANSACTION REFLECTS THE FOLLOWING
INFORMATION:

Registered Owner(s): _____

Lienholder (Secured Party): _____

INFORMATION TO BE LISTED ON DIVISION RECORDS PER CONTRACT/AGREEMENT

Current Purchaser(s) Names: _____

Current Purchaser(s) Address: _____

Current Seller(s) Name: _____

Payments collected by - Name: _____

Address: _____

Signature of Purchaser(s)

Signature Purchaser(s)

State of _____ County of _____

Sworn to before me, _____, the undersigned Notary Public, this _____
day of _____, 20__ by _____

Notary Public